

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000003194

**Entity Name:** SHA LOGISTICS LLC.

**Current Principal Place of Business:**

9000 N FLORIDA AVE  
C-2  
TAMPA, FL 33604

**Current Mailing Address:**

9000 N FLORIDA AVE  
C-2  
TAMPA, FL 33604

**FEI Number:** 92-1537145

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HILL, SHALONDA  
9000 N FLORIDA AVE STE  
C-2  
TAMPA, FL 33604 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	P	Title	VP
Name	HILL, SHALONDA	Name	WILLIAMS, SHABRINA
Address	9000 N FLORIDA AVE	Address	9000 N FLORIDA AVE
City-State-Zip:	TAMPA FL 33604	City-State-Zip:	TAMPA FL 33604

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHABRINA WILLIAMS

VP

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date